



City of Leesburg, Florida

Public Works Department

Oil & Grease Management Program

550 S 14TH Street

Leesburg FL, 34748

Hazardous Waste Hauler Annual Registration Form

New Registration

Renewal Registration

Section 1 – General Information

Name of Registrant_____

Street Address_____

City_____ State_____ Zip Code_____

Telephone Number_____ After Hours_____

Establishment Mailing Address (if different from above) DO NOT USE P.O. BOX

Street Address_____

City_____ State_____ Zip Code_____

Authorized Representative

Name_____

Title_____

Street_____

City_____ State_____ Zip Code_____

Telephone Number_____ e-mail Address_____

Alternate Number_____ Fax Number_____

Section 2 – Registrant's Operational Characteristics

(a) Please indicate the type, license tag number, tank capacity of each vehicle that will be used to pump or transport hazardous waste from service establishments located within the City of Leesburg sanitary sewer service area.

(1) Year, Make, and Model _____

License Tag Number _____

Capacity of truck tank _____

(2) Year, Make, and Model _____

License Tag Number _____

Capacity of truck tank _____

(3) Year, Make, and Model _____

License Tag Number _____

Capacity of truck tank _____

(4) Year, Make, and Model _____

License Tag Number _____

Capacity of truck tank _____

(5) Year, Make, and Model _____

License Tag Number _____

Capacity of truck tank _____

(6) Year, Make, and Model _____

License Tag Number _____

Capacity of truck tank _____

(b) Are the Trucks equipped with a Pressure Washing Equipment? _____

for cleaning grease traps and sand / oil / water interceptors.

(c) Please provide a list of all disposal sites that the registrant uses or intends to use.

(1) Disposal Site Name_____

Disposal Site Address_____

Disposal Site Telephone Number_____

Disposal Site Contact Name_____

(2) Disposal Site Name_____

Disposal Site Address_____

Disposal Site Telephone Number_____

Disposal Site Contact Name_____

(3) Disposal Site Name_____

Disposal Site Address_____

Disposal Site Telephone Number_____

Disposal Site Contact Name_____

(d) Please describe the registrant's written emergency spill clean-up and notification procedures.

Please submit the following information to complete the registration application:

- A current copy of registrant's certificate of liability insurance.
- Submission of current registration certificate number if requesting registration renewal.
- A check in the amount of \$150 (one hundred & fifty) dollars made payable to the City of Leesburg. Mailing address **550 S. 14th. Street, Leesburg FL. 34748**
- If Hazardous Waste Hauler, give EPA I.D. # _____
- If Used Oil Hauler, give FDEP I.D. # _____

I hereby certify all information provided to the City of Leesburg, Public Works Dept. is true, complete and correct, to the best of my knowledge. I agree to use only approved disposal sites for all liquid and/or hazardous waste material transported. Furthermore, I agree to submit all manifests within the required 48 (forty eight) hour time period as well as to abide by the City of Leesburg's Ordinance Chapter 22, Section 22-120.

Authorized Representative Signature _____

Date _____